

## **Tuberculosis Disease Continuation Phase 37-62**

See Nurses Notes

CXR=Chest x-ray CBC=Complete Blood Count E = Evaluation Sx = Symptom Review CA = Communication alert CP = Chem Panel V = Video Phone

Monthly	y Evaluation	Monthly Evaluation										Monthly Evaluation						Monthly Evaluation									DISCHARGE										
Date:	//_			Date:	/_	/_							Date	e:	//					Da	ate:	_/	_/						DATE:/								
Weight				Weigh	nt								Wei	ght						W	eight											′					
SYM	PTOM REVIEW	Υ	N	SYM	РТОМ	REVIE	W	Υ	N					SYMI	РТОМ І	REVIE	w	,	/ N		SYM	PTOM	REVIE	W	Υ	N			Dod	cumer	ntation	n:					
Cough			(	Cough									Cough	1						С	ough								☐ Completion card finalized and given to client.								
lemoptysis			H	Hemopty	sis								Hemo	ptysis						Н	emopty	sis							<ul> <li>□ Discharge education given per protocol</li> <li>□ Client not available to receive completion card</li> </ul>								
ever / Chills			F	ever / C	hills								Fever	/ Chills						F	ever / C	Chills															
light Sweats			1	light Sw	eats								Night:	Sweats						N	ight Sw	eats															
Appetite			,	Appetit	е								↓ App	etite						↓	Appetit	te							Reason for discharge:								
Veight Loss			Weight Loss									Weight Loss							Weight Loss								☐ Completed therapy										
Fatigue/Weakness Fatigue/Weakness						ess			Fatigue/Weakness									Fatigue/Weakness									☐ Moved, case transferred										
	SIDE EFFECTS					E EFF	ECTS								SID	E EFF	ECTS					SII	DE EFF	ECTS						oet	, oasc	tiaiioi	iciica				
Nausea / von	niting		١	Nausea /				Nausea / vomiting								Nausea / vomiting									☐ Uncooperative or Refused												
Abdominal pain Abdominal pain							Ī	Abdominal pain							Abdominal pain								☐ Not Active Tuberculosis														
Jaundice skir			Jaundice skin / eyes									Jaundice skin / eyes							Jaundice skin / eyes									☐ Died									
Brown/dark urine			Brown/dark urine									Brown/dark urine							Brown/dark urine								☐ Other										
Skin rash		Skin rash									Skin rash							Skin rash								☐ Unknown											
lumb hands		Numb hands / feet									Numb hands / feet							Numb hands / feet																			
Joint Pain Joint Pain								Joint Pain								Joint Pain								DRUG ALLERGIES:													
Fatigue/Weakness Fatigue/Weakness					Fatigue/Weakness							Fatigue/Weakness																									
Bleeding/Eas	y Bruising		E	Bleeding/	Easy B	Bruising	9						Bleedi	ng/Eas	y Bruisi	ng				В	eeding	/Easy I	Bruising	1													
Blood in urine			E	Blood in I	urine									in urine						В	ood in	urine															
lu like symp	toms		F	lu like s	ympton	ns							Flu lik	e symp	toms					FI	u like s	ympto	ms														_
ribed by:	Check for MD/R	outin	e Orde	r																																	
ordered	Dose Nu	ımbeı			37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62							$\top$
-	Date dose given																																				
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Pre	scription	_	mg/piii	#																																	4
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																																					7

Last Name	First Name	DOB	Age Sex	🛮 Male 🔲 Female	Language	Interpreter needed Yes 🗌 No 🗌
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